

TOWN OF WESTFORD
BOARD OF HEALTH

FOOD SERVICE / RETAIL FOOD PERMIT APPLICATION

NAME OF ESTABLISHMENT_____

ADDRESS OF ESTABLISHMENT_____PHONE_____

NAME & TITLE OF "PERSON IN CHARGE"[590.003(A)(1)]_____

NAME & TITLE(S) OF "CERTIFIED FOOD PROTECTION MANAGER(S)"[590.003(A)(2)]

NAME OF OWNER(S)_____

ADDRESS OF OWNER(S)_____

PHONE (For emergency purposes)_____FAX_____

E-MAIL (FOR FOOD RECALL NOTICES, ETC.)_____

RETAIL____ RESTAURANT____ CATERER____ OTHER____

ANNUAL____ TEMPORARY____ SEASONAL____ DATES OF OPERATION_____

FOOD SERVICE ESTABLISHMENT

0-50 SEATS \$ 175.00
51-200 SEATS 225.00
201-300 SEATS 300.00
OVER 300 SEATS 400.00

RETAIL FOOD ESTABLISHMENT

No PHF's \$75.00
PHF's \$150.00

SUPERMARKET \$ 400.00

RESIDENTIAL KITCHEN \$100.00
****SEASONAL FOOD SERVICES \$125.00**
MOBILE FOOD SERVICE \$100.00
CATERING SERVICE \$100.00

****PLEASE CALL A MINIMUM OF 2 WEEKS
PRIOR TO ANTICIPATED OPENING FOR INSPECTION****

WATER SOURCE_____ SEWAGE DISPOSAL_____

DAYS & HOURS OF OPERATION_____

OF SEATS_____ # OF NON-SMOKING SEATS_____

(590.009(E) IF ESTABLISHMENT HAS MORE THAN 25 SEATS, DO YOU HAVE A PERSON TRAINED
IN ANTI-CHOKING PROCEDURES ON DUTY DURING ALL TIMES FOOD IS SERVED AND HAVE
ADEQUATE INSURANCE TO COVER EMPLOYEES RENDERING SUCH ASSISTANCE?

SIGNATURE OF APPLICANT

DATE

PURSUANT TO M.G.L. 62C SECTION 49A, I CERTIFY UNDER PENALTIES OF PERJURY THAT I, TO
THE BEST OF MY KNOWLEDGE AND BELIEF, HAVE PAID ANY FEDERAL, STATE OR LOCAL
TAXES AS REQUIRED BY LAW.

SOCIAL SEC.# / FEDERAL I.D.#

SIGNATURE OF INDIVIDUAL / AGENT OF CORP.